

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-603-2199
2. Name of Operator Mountain States Petroleum Corp.	6. If Indian, Allottee or Tribe Name Navajo Nation
3. Address and Telephone No. P O Box 3531, Midland, TX 79702 915/685-0878	7. If Unit or CA, Agreement Designation NW Cha Cha Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 849' FSL & 682' FWL Unit M Sec. 22, T29N, R14W NMPM	8. Well Name and No. NW Cha Cha Unit #32
	9. API Well No. 30-045-29121
	10. Field and Pool, or Exploratory Area Cha Cha Gallup
	11. County or Parish, State San Juan, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Frac</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Prior to refrac, well pumping 2 BOPD, 14 BWPD.
2. MI&RU Western Company 5-7-95. Fracture treat Gallup perms. 5129-5234' w/1311 bbls. slick water, 58,000# 20/40 Ottawa sand, ramped from 1-3 ppg. Max press 4000#, avg. press 2100#, avg. rate 36.1 BPM, ISIP 1000#.
3. Flowed well back, rec. 20 bbls. load water, well died.
4. Drilled out sand to 5285' PBTD. Circulated wellbore clean.
5. Ran tubing and rods, set tubing at 5104', hung well on.
6. After frac rate, well pumping 38 BO, 89 BLW.

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OIL COAL DIV.
DEPT. OF THE INTERIOR

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Agent

(This space for Federal or State office use)

Approved by _____ Title _____ JUN 02 1995

Conditions of approval, if any:

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

FARMINGTON DISTRICT OFFICE
BY [Signature]

*See Instruction on Reverse Side

NMOCD